Sevier County Justice Court
SMALL CLAIMS DEPARTMENT

250 N. Main #124
Richfield, UT 84701
435-893-0461

_____, **Plaintiff** Name _____ Street Address _____ City, State, ZIP Phone _____, **Defendant** Name _____ Street Address _____ City, State, ZIP Phone	**SMALL CLAIMS AFFIDAVIT AND ORDER** **(Form A)** **Case No.** _____

AFFIDAVIT

Plaintiff swears that the following is true:

1. **Defendant owes plaintiff** ..... $_____
   - ❒ plus a $60.00 filing fee for a claim of $2,000 or less ..... $_____
   - ❒ plus a $100.00 filing fee for a claim between $2,000 and $7,500 ..... $_____
   - ❒ plus a $185.00 filing fee for a claim of $7,500 to $10,000 ..... $_____

   plus an estimated service fee of ..... $_____
   for a total of ..... $_____.
   plus prejudgment interest if qualified
2. **This debt arose on** _____ **for:** _____
   _____
   _____
   _____.
3. **Defendant resides or the claim arose within the jurisdiction of this court.**

Plaintiff: _____ **by** _____
(Agent's name and title, if appropriate)

SUBSCRIBED and SWORN to before me on _____, 20_____.

_____
Clerk or Notary